

2018 Current Fiscal Year Report: Advisory Panel on Outreach and Education

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1. Department or Agency		2. Fiscal Year	
Department of Health and Human Services		2018	
3. Committee or Subcommittee		3b. GSA Committee No.	
Advisory Panel on Outreach and Education		5259	
4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	01/19/2019	01/19/2021	
8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date	
No			
9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?	
Continue	No	Not Applicable	
11. Establishment Authority Authorized by Law			
12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
42 USC 217a: Sec. 222 of the PHS Act, as amended	11/17/1962	Continuing	No
15. Description of Committee National Policy Issue Advisory Board			
16a. Total Number of Reports	No Reports for this Fiscal Year		
17a. Open 2	17b. Closed 0	17c. Partially Closed 0	Other Activities 0
17d. Total 2			

Meetings and Dates

Purpose	Start	End
Provide recommendations on Patient over Paperwork Updates.	03/21/2018	03/21/2018
Obtain recommendations from panel members on the MDPP Program, Mapping Medicare Disparities Tool, and Preventing Improper Billing of Medicare Cost Sharing to Qualified Medicare Beneficiaries (QMBs).	09/26/2018	09/26/2018

Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00

18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00	\$0.00
18d. Total	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The Panel accomplishes its purpose by using the diverse expertise and perspectives of its members to advise the Secretary of HHS and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on effective strategies for implementing the education and outreach for the Health Insurance Marketplace, Medicare, Medicaid and Children's Health Insurance Programs. The Panel issues its recommendations through letters to the CMS Administrator.

20b. How does the Committee balance its membership?

The membership is comprised of authorities knowledgeable in the fields of: senior citizen advocacy; outreach to minority communities; health communications; disease-related health advocacy; disability policy and access; health research; health insurers and plans; Health IT; caregiving; State Health Insurance Assistance Programs, State Programs; pharmacists networks; community health centers and underserved populations; web health education; provider and clinicians; matters of labor and retirement; and representatives of the general public. Panel membership reflects a balance in terms of gender, race and regional affiliation.

20c. How frequent and relevant are the Committee Meetings?

The meetings are held up to four times per year at the call of the Chair. The meetings focus on the cutting edge challenges in health care communications and assist in responding to the rapid changes in the health care environment. For 2017 there were two meetings.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

As a result of the Balanced Budget Act of 1997 and the Medicare Modernization Act of 2003, CMS has substantial responsibilities to provide information to people with Medicare about: available Medicare Advantage options; available Part D options; comparison information about the choices; benefits provided under Original Medicare; election procedures; procedural rights (including appeal and grievance rights); Medigap, and the potential for contract termination by the private health plans. Successful implementation of the Medicare+Choice program requires CMS to regard the views of a variety of private sector constituents and develop a broad range of public-private partnerships to facilitate

information dissemination to the diverse Medicare population. Under the 2011 amended charter, the panel, renamed the APOE, also provides advice on optimal strategies for: developing and implementing education and outreach programs for individuals enrolled in or eligible for Medicare, Medicaid, CHIP and the Health Insurance Marketplace (Exchanges); enhancing the Federal Government's effectiveness in informing Medicare, Medicaid, CHIP and Marketplace consumers, stakeholders and providers pursuant to education and outreach programs of issues regarding these and other health coverage programs, and the availability of other health coverage (e.g., Health Insurance Marketplace/Exchanges), including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers and stakeholders; expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of Medicare, Medicaid and CHIP education programs; assembling and sharing an information base of best practices for helping consumers evaluate health plan options; building and leveraging existing community infrastructures for information, counseling and assistance and drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care, including preventive services.

20e. Why is it necessary to close and/or partially closed committee meetings?

The meetings shall be closed only when Privacy Act data (ie: patient identifiers, personnel data, other personal information, etc.) are under discussion. No formal panel meetings have been closed to the public.

21. Remarks

This committee provides recommendations throughout the year and at this time does not produce a yearly report. The cost of travel has increased, because of the price market of airfares, and because more members are traveling from further points of the country. Previously, most of the members were local. This committee will be meeting in federal facilities, so the "other" costs which includes meeting location sites, will decrease. Contractor rates will increase, which we use to transcribe the meeting and provide general meeting support. Payments to federal staff and non-federal members slightly increased because of GS scale and pay.

Designated Federal Officer

Lynne G Johnson Supervisory Health Insurance Specialist, Partner Relations Group, Office of Communications, CMS

Committee Members	Start	End	Occupation	Member Designation
Baker, Kellan	05/15/2016	05/15/2018	Associate Director, Center for American Progress	Special Government Employee (SGE) Member

Knight, Louise	05/15/2016	05/15/2018	Director, The Sidney Kimmel Comprehensive Cancer	Special Government Employee (SGE) Member
Osborne-Gaskin, Roanne	05/15/2016	05/15/2018	Medical Director, Neighborhood Health Plan of Rhode Island	Special Government Employee (SGE) Member
Phan, Cathy	11/23/2015	11/23/2017	Outreach and Education Coordinator - Asian American Health Coalition	Special Government Employee (SGE) Member
Riley, Brendan	10/21/2015	10/21/2017	Policy Analyst - Health Access Coalition - North Carolina Justice Center	Special Government Employee (SGE) Member
Smith, Carla	05/15/2016	05/15/2018	Executive Vice President, HIMSS	Special Government Employee (SGE) Member

Number of Committee Members Listed: 6

Narrative Description

The Centers for Medicare & Medicaid Services has substantial responsibilities under the Medicare Modernization Act of 2003 (Prescription Drug Benefit), the Affordable Care Act, and other CMS programs and initiatives, to provide information to Medicare beneficiaries and consumers, about the range of health plans and health plan options available and better tools to evaluate health plan choices. Successful implementation of these programs requires CMS to consider the views and policy input of a variety of private sector constituents and develop a broad range of public-private partnerships. The mission of the Advisory Panel on Outreach and Education (APOE) is to advise the Secretary and the CMS Administrator concerning optimal strategies for: 1. Developing an implementing a national Medicare education program that describes the options for selecting a health plan under Medicare; 2. Enhancing the federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships; 3. Expanding outreach to vulnerable and under-served communities; 4. Assembling an information base of best practices for helping consumers evaluate health plan options and building a community infrastructure for information, counseling, and assistance. Under the 2011 amended charter, the panel, renamed the APOE, also provides advice on optimal strategies for: developing and implementing education and outreach programs for individuals enrolled in or eligible for Medicare, Medicaid, and CHIP; enhancing the Federal Government's effectiveness in informing Medicare, Medicaid and CHIP consumers, providers and stakeholders pursuant to education and outreach programs of issues regarding these and other health coverage programs, and the availability of other health coverage (e.g., via health insurance Exchanges), including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers and stakeholders; expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of Medicare, Medicaid and CHIP education programs; assembling and sharing an information base of best practices for helping consumers evaluate health plan options; building and leveraging existing community infrastructures for information, counseling and assistance and drawing the program link between outreach and education, promoting

consumer understanding of health care coverage choices and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care, including prevention services, envisioned under health care reform.

What are the most significant program outcomes associated with this committee?

Checked if Applies

- | | |
|---|-------------------------------------|
| Improvements to health or safety | <input checked="" type="checkbox"/> |
| Trust in government | <input checked="" type="checkbox"/> |
| Major policy changes | <input type="checkbox"/> |
| Advance in scientific research | <input type="checkbox"/> |
| Effective grant making | <input type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input checked="" type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

- | | |
|----------------------------|-------------------------------------|
| None | <input type="checkbox"/> |
| Unable to Determine | <input checked="" type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

We are unable to determine cost savings as a result of the panel's recommendations. The panel's recommendations help to enhance an effective national Medicare and Health Insurance Marketplace outreach and educational plan.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

Number of Recommendations Comments

APOE members have served as a valuable sounding board for CMS leadership on various aspects of the national Medicare education campaign and education and outreach concerning Medicare. There was 1 in person meeting in 2018, and 1 virtual meeting via webinar. Please note that the information in this report only contains the recommendations for the March 2018 meeting, and there were a total of 7 recommendations and 3 1/2 were accepted. There were over 50 recommendations from 3 agenda topics from the September 26, 2018 meeting. CMS responses regarding implementation or rejection from the September 26, 2018 meeting are not yet available.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

43%

% of Recommendations Fully Implemented Comments

CMS has either already implemented or is in the planning stages of implementing 84% of the recommendations provided by the APOE.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

0%

% of Recommendations Partially Implemented Comments

Although the majority of recommendations have been accepted by CMS, some will take time to be fully planned and implemented as tools, publications, and content are enhanced and developed.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

The CMS Administrator, Senior staff, and subject matter experts have provided feedback regarding the committee's suggestions and recommendations by email and in person during the meetings that have been held. The panel summarizes its recommendations in a letter to the CMS Administrator and the Administrator or representative in turn, provides a full response to the recommendations at a panel meeting.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input checked="" type="checkbox"/>
Reallocated resources	<input checked="" type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

NA

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Access Comments

N/A